

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/980,925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						61					
2		1					62					
3		12					63					
4		12					64					
5		10					65					
6		12					66					
7		10					67					
8		12					68					
9		10					69					
10		12					70					
11		12					71					
12		12					72					
13		14					73					
14		12					74					
15		10					75					
16		12					76					
17		10					77					
18		12					78					
19		10					79					
20		12					80					
21		14					81					
22	1						82					
23		1					83					
24		1					84					
25		1					85					
26		14					86					
27		12					87					
28		10					88					
29		10					89					
30		1					90					
31		12					91					
32		10					92					
33		12					93					
34		10					94					
35		12					95					
36		1					96					
37		12					97					
38		1					98					
39		12					99					
40		1					100					
41		12					TOTAL IND.					
42		10					TOTAL DEP.					
43	1											
44		1										
45		1										
46		31										
47	1											
48		1										
49		1										
50												
TOTAL CLAIMS	44											
TOTAL IND.	4											
TOTAL DEP.	45											